

GOVERNOR'S EMPLOYEE SAFETY AWARD (GESA) NOMINATION FORM

Award Category (Select one)	<input type="checkbox"/> Group	<input type="checkbox"/> Individual
Calendar Year 2003	Agency	

Nominee Name (as it will appear on the certificate) (see Group attachment)	Working Title	Classification (must attach specific duty statement(s), not SPB job specifications)
Work Mailing Address (include department, division, or office)	Work Number	Email Address

Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **Refer to documentation requirements in attached guidelines. Summary will be published in the GESA Program brochure. An electronic copy of the summary will be requested as a Word document if nomination is approved.**

Provide further explanation if the following information is not answered in the Summary of Contributions shown above.

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| Was the action or project completed in the 2003 calendar year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is this nominee or group directly responsible for safety or health programs? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was this action or project completed outside the nominee's regular job duties? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did this action or project take place during the course and scope of employment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has this action or project been considered previously for an award (GESA, departmental, merit, other)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Explain outcome. | |
| Supporting documentation and Duty Statement(s) attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

EXPLANATION

Departmental Contact (Print Name/Title)	Mailing Address	Work Number	Email Address
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Departmental Approval (Printed Name and Title) Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)	Work Number	Email Address
Signature	Date	

(Over)

GOVERNOR'S EMPLOYEE SAFETY AWARD NOMINATION FORM
GROUP NOMINATION ATTACHMENT

Group Name (as it will appear on the certificate)	
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Total number of individuals in the group:	
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[illegible]